

Project Name:	PRE-BID GOOD FAITH EFFORTS
WBS NO.:	

Document 00471

PRE-BID GOOD FAITH EFFORTS

A bidder or Proposer that may be unable to complete or follow a Participation Plan (Document CCD-00470) to meet the Contract Goal in the Supplemental Conditions (Document 00800), must submit this completed form as well as a Goal Deviation Request Form (Document 00472), and any other documentation of "Good Faith Efforts" with the bid (see Document 00808). The Bidder or Prime Contractor has the burden to demonstrate "Good Faith Efforts" to meet the MWSBE goal, which includes correctly and accurately preparing and submitting this form and other efforts described in the City's Good Faith Efforts Policy (Document 00808). The Office of Business Opportunity will review Good Faith Efforts and Participation Plan after selection of an apparent low bidder.

UNLESS THE BIDDER'S/PROPOSER'S PARTICIPATION PLAN MEETS THE CONTRACT GOAL, FAILURE TO SUBMIT THIS FORM MAY RESULT IN THE BID BEING FOUND NON-RESPONSIVE.

NAICS Code	Plan Item No.	MWSBE Type for Goal	Certified Firm Name Address, Phone No, and Email	Certified Firm Contact Person	Method of Contact	Prime Contact Date	Certified Firm Response	Results of Contact (why suitable or Not Suitable for Work)
		None			Phone	<input type="checkbox"/>		
					Fax	<input type="checkbox"/>		
					Email	<input type="checkbox"/>		
		None			Phone	<input type="checkbox"/>		
					Fax	<input type="checkbox"/>		
					Email	<input type="checkbox"/>		
		None			Phone	<input type="checkbox"/>		
					Fax	<input type="checkbox"/>		
					Email	<input type="checkbox"/>		
		None			Phone	<input type="checkbox"/>		
					Fax	<input type="checkbox"/>		
					Email	<input type="checkbox"/>		

Authorized Signature: _____ **Date:** _____

Print Name: _____ **Phone:** _____

Email: _____

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CONTINUATION PAGE

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					Fax	<input type="checkbox"/>			
					Email	<input type="checkbox"/>			
		None			Phone	<input type="checkbox"/>			
					Fax	<input type="checkbox"/>			
					Email	<input type="checkbox"/>			
		None			Phone	<input type="checkbox"/>			
					Fax	<input type="checkbox"/>			
					Email	<input type="checkbox"/>			
		None			Phone	<input type="checkbox"/>			
					Fax	<input type="checkbox"/>			
					Email	<input type="checkbox"/>			
		None			Phone	<input type="checkbox"/>			
					Fax	<input type="checkbox"/>			
					Email	<input type="checkbox"/>			
		None			Phone	<input type="checkbox"/>			
					Fax	<input type="checkbox"/>			
					Email	<input type="checkbox"/>			
		None			Phone	<input type="checkbox"/>			
					Fax	<input type="checkbox"/>			
					Email	<input type="checkbox"/>			

Authorized Signature: _____ **Date:** _____

Print Name: _____ **Phone:** _____

Email: _____